

DoD 5136.1-P, MEDICAL READINESS STRATEGIC PLAN (MRSP) 1998-2004, AUGUST 1998

Proponent

The proponent for this document is the Department of Defense (Health Affairs), Assistant Secretary of Defense for Health Affairs.

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Definition

Force Health Protection - A unified and comprehensive strategy that aggressively promotes a healthy and fit force and provides full protection from all potential health hazards throughout the deployment process. Its major ingredients include healthy and fit force promotion, casualty and injury prevention, and casualty care and management.

Surveillance - System for collection, analysis, and dissemination of disease prevalence and incidence information.

National Security Strategy - A report, from the President of the United States, submitted in accordance with Section 603 of the Goldwater-Nichols Defense Department Reorganization Act of 1986. The political leadership develops the current U.S. national interests and objectives. The National Security Strategy is then formulated based on existing threats and opportunities to the United States.

Goldwater-Nichols Reorganization Act of 1986 - Legislation related to DOD reform. Its purpose was to enhance the legal authority of the Chairman, Joint Chiefs of Staff and the unified commanders. Its practical purpose was to improve U.S. warfighting capability, particularly in terms of organizational relationships and responsibilities. Implementation has been, at times, controversial in terms of the shifting of power from the Services to the Joint Staff and the CINCs, particularly as interpreted by the Joint Staff. It is worth noting that the Joint Staff has remained an organization that assists the Chairman, Joint Chiefs of Staff as opposed to transitioning to a "general" staff.

Quadrennial Defense Review - The QDR is required by the Military Force Structure Review Act that was included as part of the National Defense Authorization Act for Fiscal Year 1997. The Department of Defense designed the QDR to be a fundamental and comprehensive examination of America's defense needs from 1997 to 2015 that must include: potential threats, strategy, force structure, readiness posture, military modernization programs, defense infrastructure, and other elements of the defense program. The QDR provides a blueprint for a strategy-based, balanced and affordable defense program.

Synopsis

The Medical Readiness Strategic Plan (MRSP) 2004 is a revision of the 1995 MRSP and prescribes procedures to resolve medical readiness problems spanning FYs 1998 through 2004. The plan provides the Department of Defense with a plan for achieving and sustaining medical readiness through the year 2004 and beyond. It provides the guidance by which the Department of Defense will achieve a fully capable military health-care system ready to support the full continuum of



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military operations. The DoD will measure medical readiness success against the objectives outlined in this MRSP 2004.

A detailed Action Plan highlights the objectives, tasks, and Primary Action Offices (PAOs) responsible for execution within each functional area. The document lists tasks for each PAO in priority order. These priorities have shifted as a result of the new post-Cold War international security environment. U.S. national strategy is now focused on regional conflicts, rather than global encounters. This was seen in 1991 when the U.S. embraced a multi-national coalition force to successfully liberate Kuwait. The U.S. now faces multiple regional threats on an ongoing basis and thus must play a more proactive role in resolving international conflicts which threaten national security interests and/or U.S. allies. Additionally, the United States now accepts humanitarian assistance as a primary responsibility of its Armed Forces. The pursuit of humanitarian and domestic initiatives clearly marks a departure from U.S. policy of the past and raises new concerns with regard to medical readiness.

As a result of this fundamental shift in U.S. strategy, the DoD medical community must assess, validate, prioritize, and revise policies and program resources over the next program cycle, which extends well into the next century. MRSP 2004 lays the foundation for this change with the addition of four functional areas which have become of increase importance recent years. These areas include: Military Operations Other Than War (MOOTW); Nuclear, Biological, and Chemical (NBC) Defense; Research and Development (R&D); and Preventive Medicine (PM). These new areas are described below among the twelve functional areas which comprise the MRSP 2004.

- ◆ **Planning** - The military medical departments must develop, enhance and sustain coordinated and synchronized policies, doctrine, and training that facilitate medical planning, resourcing, and execution of joint and combined operations. Planning objectives include:
 - ⇒ provide medical planners with the tools they need to develop effective, executable plans.
 - ⇒ fill medical planning billets with qualified personnel.
- ◆ **Requirements, Capabilities, and Assessment** - Most militarily significant International Classification of Diseases [of the World Health Organization (WHO)], 9th Revision (ICD-9) codes have been converted to military patient condition codes for use in modeling and requirements calculations. However, the services need to develop realistic rate sets and methods for appropriately applying rates. Requirements, capabilities, and assessment objectives include:
 - ⇒ establish planning factors across the continuum of care from the point of occurrence (injury and/or disease) to the CONUS-based Medical treatment Facility (MTF).
 - ⇒ add medical requirements to all wargaming activities, and develop interfaces between wargaming tools and existing and/or future medical models.
 - ⇒ develop real-world standardized patient load data with modern patient condition codes enabling planners to forecast medical workload and resource requirements.
- ◆ **Command, Control, Communications, Computers, and Information Management (C4IM)** - The military medical community must develop a standardized, integrated and seamless system of medical Command and Control (C2) within the Global Command and Control System (GCCS) and Global Command Support System (GCSS). That system should include the capability to display a real-time medical situational awareness picture to support command and control, medical logistics, and patient accountability. Additionally, the Department of Defense must move quickly into the future by developing a modern medical information system. C4IM objectives include:

- ⇒ develop, acquire, deploy, and sustain a joint medical communication infrastructure that supports the entire continuum from operational to peacetime facilities. It should use common telecommunications systems such as the Defense Information System Network (DISN) to the maximum extent practical with a robust, ti-tiered, and seamless. Infrastructure must have the necessary communications capabilities to be interoperable with the global communications architecture of the Combatant Commands and Services.
- ⇒ develop a joint medical situational awareness system that supports command and control, medical logistics, and patient in-transit visibility and is linked with GCCS and GCSS.
- ⇒ provide a seamless, interoperable medical information system with GCSS that supports contingency operations across all echelons of care and complies with data standards within the Shared Data Environment (SHADE) to promote data sharing and data quality.
- ◆ **Logistics** - Medical logistics organizations, policies and procedures supporting joint medical operations must keep pace with new defense strategies and logistics demands. We must enhance the Single Integrated Medical Logistics Management (SIMLM) systems with automated support systems linked by integrated communications. We need to address joint medical logistics doctrine. Logistics objectives include:
 - ⇒ integrate multiple independent acquisition and planning initiatives into a single seamless Plan to ensure that Combatant Command requirements are met.
 - ⇒ ensure that medical assemblages and non-medical material are maintained, refurbished, and modernized in a timely manner to provide quality medical care and capability to support operational requirements.
 - ⇒ provide jointly interoperable medical logistics information management systems within GCCS and GCSS and communication systems, within the Defense Information Infrastructure which allow the transmission and exchange of logistics data within a theater of operations and with supporting logistics organizations.
 - ⇒ create a worldwide, medical logistics system capable of tracking and delivering materiel from the factory to the foxhole to meet stated medical readiness requirements.
 - ⇒ ensure that Patient Movement items (PMI) are standard, available, and interoperable between the Services, and are operable aboard evacuation aircraft by developing a system to acquire, certify, track, maintain, and recover PMI.
- ◆ **Medical Evacuation** - DoD medical evacuation systems must be comprehensively reviewed to ensure that the Department of Defense has trained and ready resources capable of supporting the continuum of care with shorter theater evacuation policies and shorter lengths of stay. Medical evacuation objectives include:
 - ⇒ define patient evacuation requirements that accommodate shorter theater evacuation policies or changes in length of stay by all the Services.
 - ⇒ develop CONUS casualty reception and distribution plans.
 - ⇒ develop a seamless capability for medical evacuation that includes rotary-wing, fixed-wing, land, and sea assets.
 - ⇒ develop joint policy for the movement of contaminated patients.
 - ⇒ develop and execute a program to produce and/or modernize evacuation platforms.
- ◆ **Manpower and Personnel** - U.S. manpower systems and procedures must focus on meeting wartime requirements within assigned end strengths. The United States must

carefully manage the appropriate mix of AC and Reserve component medical forces; and enhance the assignment, training, and sustainment of health care personnel. Manpower and personnel objectives include:

- ⇒ recruit and retain sufficient qualified active and Reserve medical personnel to meet military medical operational requirements by specialty and grade.
- ⇒ ensure that a consistent set of medical and dental deployability and personnel criteria is used by all the Services.

- ◆ **Training** - DoD Instruction 1322.24 establishes medical readiness training policy, however, implementation is incomplete. Defense Medical Readiness Training & Education Council (DMRTEC) must continue their efforts to define medical readiness training standards, joint training requirements, and resources required. They need to also reassess the missions, roles, and responsibilities of the Defense Medical Readiness Training Institute (DMRTI). Simultaneously, the Healthcare Committee of the Inter-Service Training Review Organization (ITRO) must aggressively pursue a review of all functional, medical, technical, and operations training as directed by the Chairman of the Joint Chiefs of Staff. Where possible, the Department of Defense must combine training to reduce costs. Worldwide, medical participation in joint and combined exercises has decreased. Training objectives include:

- ⇒ establish a DoD system to provide and monitor medical readiness training.
- ⇒ develop a mechanism to ensure DoD-wide interoperability for unique operational areas.
- ⇒ maximize DoD-wide utilization of regional field training sites to enhance interoperability and shared training of medical personnel.
- ⇒ maximize opportunities for AC and Reserve component medical interface in Service-specific and Joint and/or Combined exercises.

- ◆ **Blood** - The Department of Defense must maintain a strong, viable Armed Services Blood program (ASBP) capable of providing modern blood products to worldwide customers, supporting the full spectrum of military operations. Additionally, the Department of Defense must exploit and incorporate new blood technologies when appropriate to improve the efficiency and safety of the military blood program. Blood program objectives include:

- ⇒ maintain an ASBP through the Services which provides cost effective and quality blood products to meet all DoD requirements.
- ⇒ develop joint blood doctrine to support Combatant Command requirements.
- ⇒ develop and maintain peacetime blood operations, which support the continuum of operations.
- ⇒ continually update wartime blood capabilities based on the DPG and develop programs, doctrine, policies and procedures to ensure implementation.
- ⇒ improve safety, efficacy, and availability of blood products to meet all contingencies by supporting, monitoring, and assisting transfusion medicine related research of fibrin tissue adhesives, red cells, platelets, plasma, and their substitutes, and incorporate new technologies (e.g., rapid test procedures and automated system for injectable water), as appropriate.

- ◆ **Military Operations Other Than War (MOOTW)** - There is a need for more clarity in acquisition programming and operations planning for MOOTW. Key planning issues are improved planning coordination with DoD and non-DoD Agencies and/or organizations, clarity of mission statement, transition planning, exit strategies, and Measures of

Effectiveness (MOEs). There is also a need to enhance joint, combined and multi-Agency training in MOOTW across the total force to include the TRICARE Managed Care Support (MCS) contractors, non-DoD organizations and other Government Agencies. MOOTW objectives include developing a clear mission statement supported by concise objectives, reasonable endpoints, and MOEs for the MHS in MOOTW (Foreign and Domestic).

- ◆ **Nuclear, Biological, and Chemical (NBC) Defense** - We need to address deficiencies in medical and non-medical NBC Countermeasures (CMs). We need to improve existing disease surveillance and field diagnostic capabilities for early detection and identification of NBC agents. We need to develop joint doctrine for operations in low-level radiation environments. Additionally, NBC training requires significant improvement. NBC defense objectives include:
 - ⇒ ensure joint, integrated planning, development and implementation of practical and effective medical NBC CMs, including diagnostics, prophylactics, therapy, and exposure management, when possible.
 - ⇒ manage personnel exposed to NBC environments to maximize their ability to recover and sustain military operations and critical functions, to prevent incapacitation and death, and to otherwise mitigate the impact of NBC attack on the operational environment.
 - ⇒ ensure integrated planning, development, and implementation of a rapid, seamless and responsive medical and/or environmental surveillance, detection and tracking system using DoD and/or MHS data architecture and standards.
 - ⇒ ensure joint and integrated training for NBC defense and medical management of NBC casualties to include rapid assessment, decontamination, and appropriate patient management.
 - ⇒ ensure development of new doctrine and medical policies, equipment training, and research requirements that are needed to conduct the full range of military operations in all radiation (ionizing and non-ionizing) environments.
- ◆ **Research and Development (R&D)** - The Department of Defense needs the ability to collect, analyze, evaluate, and prioritize military operational needs that can be met through biomedical R&D. They also need to better coordinate biomedical R&D execution, including coordination of Service efforts, integration of R&D products into the force, and maintenance of technical competencies. R&D objectives include:
 - ⇒ establish a capability to collect, review integrate, and prioritize biomedical R&D-related military operational needs of the Department of Defense in order to deliver a DoD-wide coordinated needs list annually to support intelligent allocation of biomedical R&D resources.
 - ⇒ ensure that the military biomedical R&D program is coordinated, integrated, and executed to meet joint and Service needs to provide operational support to the warfighter.
- ◆ **Preventive Medicine (PM)** - Greater efforts need to be made to ensure that PM is included in Combatant Command planning. The PM planning procedures should include improved PM coordination with DoD and non-DoD Agencies and organizations, early PM assessments to include health risk assessments of NBC and industrial chemical contaminated deployment areas, and MOEs as well as assignment of key medical personnel to Combatant Command staffs. We must develop accession standards to insure that that we obtain physically and mentally fit personnel for Military Service. We need to develop standardized and automated procedures to collect, monitor, and disseminate the medical and/or dental status of the total force during peacetime and

contingencies. We must include prevention training in all military education systems to ensure that all commanders and their Non-commissioned officers (NCOs) understand their role and are prepared to implement and manage effective force protection measures. Additionally, the Department of Defense must develop policies and procedures for the safe transportation of potentially infectious patients and hazardous medical samples.

- ⇒ develop the capability to continuously assess total force health and fitness to provide military leaders with evidence-based tools for decision making.
- ⇒ identify or develop appropriate, standardized MOEs and Measures of Performance (MOPs) for DoD health promotion and disease and/or injury prevention programs.
- ⇒ provide comprehensive, accurate, timely medical information and intelligence addressing the full spectrum of anticipated contingencies.

What Does This Mean for Military Public Health?

Military public health opportunities and challenges abound. To support the MRSP 2004 we must:

- ◆ develop the capability to continuously assess total force health and fitness to provide military leaders with evidence-based tools for decision making.
- ◆ identify or develop appropriate, standardized MOEs and MOPs for DoD health promotion and disease and/or injury prevention programs.
- ◆ provide comprehensive, accurate, timely medical information and intelligence addressing the full spectrum of anticipated contingencies.
- ◆ ensure joint, integrated planning, development and implementation of practical and effective medical NBC CMs, including diagnostics, prophylactics, therapy, and exposure management, when possible.
- ◆ maximize opportunities for AC and Reserve component medical interface in Service-specific and Joint and/or Combined exercises.
- ◆ establish a capability to collect, review, integrate and prioritize biomedical R&D-related military operational needs of the Department of Defense in order to deliver a DoD-wide coordinated needs list annually to support intelligent allocation of biomedical R&D resources.
- ◆ ensure that the military biomedical R&D program is coordinated, integrated, and executed to meet joint and Service needs to provide operational support to the warfighter.
- ◆ be able to respond to the full range of threats; from a small humanitarian mission to a major theatre war.
- ◆ be positioned to assist with activities such as promoting sustainable development abroad, intervening in infectious diseases resulting from poverty and rapid urbanization.
- ◆ focus preventive medicine assets on responding to problems resulting from increased population growth, environmental degradation, and refugee migration from intervention and teaching perspectives.
- ◆ recruit, develop, and retain quality people.
- ◆ develop the most advanced medical intelligence, medical surveillance, and health reconnaissance capabilities and integrate these capabilities within established military command, control, communication, computer, and intelligence frameworks.

The following themes are common to other planning documents on our list:

- ◆ preventive medicine is a comprehensive program to protect the health and environment of military personnel. We have unique expertise at the USACHPPM in our diverse staff of scientists and engineers. The coordinated efforts of these experts with their DoD and U.S. Alliance counterparts will benefit our nation's political and military strategies.
- ◆ to support the emerging directions for defense, we need to critically rethink, redesign, or eliminate those product and service processes that are inefficient. We need to assess our preventive medicine organizational strengths and weaknesses to ensure preventive medicine and health promotion assets can perform their mission both today and in the future.
- ◆ we need to review all of our products and services to determine if their use results in promoting and maintaining a healthy and fit Force. We must create a common culture throughout the DoD that values health and fitness. We should focus on value added products and services that increase our ability to help shape the international HP & PM environment of tomorrow.
- ◆ we need to optimize the use of technology to obtain, evaluate, and disseminate preventive medicine information. Finally, we must demonstrate the effectiveness of environmental health, occupational health and health promotion in minimizing risk and optimizing readiness, fitness, and health.
- ◆ We need to work with the respective service schools and/or policy and doctrine development organizations to ensure these concepts are included in Army, Marine, Navy, and Air Force policy and doctrine.